| Type a plus sign (+), inside this box | (-4 +1 | Approve Patent and Tradement | at for use through 1 | | 88/01 (6-95) 8 0651-0032 | | | |
|---|---|---|---|--|-----------------------------|--|--|--|
| MINETO U.S. Desertant | of Commerce | Attorney Docket Number | 1 | | OMMERCE | | | |
| Rat. 6485 Peters and Tred | SURF CHIEF | First Named Inventor | Thomas J | , | et al. | | | |
| DECLARATION | FOR | СОМР | LETE IF ENOWN | | | | | |
| UTILITY OR DE | | Application Number | 08/875 | , 365 | • | | | |
| PATENT APPLIC | ATION | Filing Date | 01/16/ | 96 (TA) | | | | |
| | eciaration | Group Art Unit | | | _ | | | |
| Submitted S | ubmitted after ittal Filing. | Examiner Name | | | | | | |
| below (an the original, first and the elect) of the subject master which is compared to the property of the subject master which is compared to the compared | ng Contrast | Agents with Exten | ded Blood Re | etention | | | | |
| Application Number PCT/US9 I hereby state that I have reviewed as amendment appointually referred to a l'actinomisage the duty to décises in | 6/00164 | and was amended on (MM/DD/YY | ideation, including the | cisims, as amen | (If applicable), | | | |
| hereby claim foreign priority banetits to certificate, or \$365 (a) of any PCT Inter- below and have also identified below, to application having a filing date bullers to | nder Title 38, United national application | i States Code §119 (n)-(d) or §381 which designated at least one cou any foreign application for patent i on which practly is claimed. | (b) of any foreign appl | ication(s) for pale last States of Arms , or of any PCT in | rd or inventor's | | | |
| Prior Foreign Applications Number(s) | Country | Foreign Filling Colle (MMCCCYYYY) | Priority Not Claimed | YES | NO | | | |
| | | | | | | | | |
| Additional foreign application man | there are felled at a | experimental priority shoul attent | and harvior | (a) listed below. | | | | |
| Additional foreign application man I hereby claim the benefit under Till | 35, United States (| 200 6 11 14 4 2 24 24 | Addition | nd provisional | | | | |
| Application Number(s) | Filling Date | (MM/DOCTYY) | application numbers are fasted on a supplemental priority | | | | | |

Surden Hour Statement: This form is contracted to take .4 hours to complete. Time will very depending upon the needs of the inclinidual case. Any comments a surface of the inclinidual case. Any comments of the statement of time you are required to complete this form should be cent to the Chief Information Officer, Puterts and Tradement Officer, Washington, OC 20231.

Type a plus sign (+) inside this box → +

| D | EC | LA | RA | T | 0 | N |
|---|----|----|----|---|---|---|
| | | | | | | |

Pag 2

| DECLA | RATION | | | | | <u> </u> | | | | |
|---|---|--|---|--|--|--|---------------------------------------|--|--|--|
| I hereby claim the benefit under Title 35 designating the United States of Americ prior United States or PCT International acknowledge the duty to disclose inform became evaluable between the filling date. | e, listed below and, i application in the m | inector as the s anner provided tot to outcomb | ubject matter by the first p lity as defined tional or PCT | of each of the eragraph of the trible 37, internations | he claims of this i Title 35, United i Code of Federal il filling date of thi | application la noi States Code §11 Reculations §1. | disclosed in the | | | |
| U.S. Parent Application Number | PCT | Parent mber | Par | ent Filing | g Date | Parent Pate | ent Number licable) | | | |
| 08/382,317 | | | 02/ | 01/199 | 5 | | | | | |
| | | | | | | | | | | |
| · · . | | | | • | | • | | | | |
| Additional U.S. or PCT International | | a aca listad on | a gunniament | al oriority sh | est attached her | uto. | | | | |
| | | | | | | | s in the Patent | | | |
| As a named inventor, I hereby appoint the and Trademark Office connected therew | e lollowing attorney(ith: | s) andror agen | i(s) to prosec | CHE CHE CHE | | · · · · · · · · · · · · · · · · · · · | | | | |
| Firm Name | | | | | Custor Number | or label | | | | |
| OR List attorney(s) and/or agent(s) nan | ne and registration r | umber below: | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Name | | egistration Number | | | Name | | Registration Number | | | |
| James F. Haley, Jr. | | 27,794 | | | | *. | | | | |
| Pablo D. Hendler | | 0,015 | 1 | | • | | | | | |
| 14020 21 11-11-1 | İ | • | 1 | | | | | | | |
| | | | | | | | | | | |
| Additional attorney(s) and/or ag | pent(s) named on | a supplemen | ntal sheet at | tached her | 1860. | <u> </u> | | | | |
| Please direct all correspondence to: | Customer or la | sbel | | | OR 🔀 | Fill in correspon address below | ndence | | | |
| Name James F. Hale | v. Jr., Eso | ı. | | | | | | | | |
| Address Fish & Neave | | | | | | | | | | |
| Address 1251 Avenue o | f the Amer | icas | | | | 1 12 04 | 220 | | | |
| City New York | | | Stat | | | ZIP 100 | | | | |
| Country U.S.A. | Teleph | hone 212-596-9330 | | | | Fax 212-596-9090 | | | | |
| I horeby deciare that all statements mad be true; and further that these statement imprisonment, or both, under Section 10 | ts were made with the XX1 of Title 18 of the | knowledge are ne knowledge t United States | true and that hat willful fair Code and the | l ad stalement le stalement at such wilfu | nts made on inic is and the like so il false statement | made are punit ts may jeopardiz | hable by fine or e the validity of | | | |
| the application or any patent issued the Name of Sole or First Inventor | | | A | ettion has | been filed for | this unsigned | Inventor | | | |
| | | liddle | Famil | | | | uffix | | | |
| Name Thomas | | attal J | | | ırry | | .g. Jr. | | | |
| Inventor's Signature Date 11/25/97 | | | | | | | | | | |
| Residence: CRy Wincheste | er s | tate M | A | Country | | Citizenship | U.S. 😘 | | | |
| Post Office Address 4 Bona | nd Road | | | | | | | | | |
| Post Office Address | · · · · · · · · · · · · · · · · · · · | | | | · | | | | | |
| cmy Winchester | tate MA | zip 01 | 890 | Country | | Applicant Authority | | | | |
| | | | | | | | | | | |



Type a plus sign (+) inside this box -

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

| Nan | te of | Add | itio | nal Jo | nt Inve | ntor, if | any: | | | | ped | tion h | as been fi | led fo | r this ! | unsig | ned in | rentor | | |
|-----------------|--------|-------|---------|---------|----------|----------|-------------------|----------|------|---------------|----------------|--------|--------------|------------------|----------------|--------|------------|-----------------|--------------------|--|
| Given | 17.7 | iro | nac |) | | | Middle initial | | | Famil Name | - 1 | S | ijiki | | | | | | ma L. Jr. | |
| inven Signa | | | | | | | | | | | | | · | | Dete | 1 | • | · | | |
| Resid | ence: | City | | Gifu | | | , | State | 1 | | | | Country | Ja | nan | | Citize | nship | Jap | anese |
| Post | Office | Addr | 250 | 4-9 | Fudo | -cho | | · . | | · | | | | | | | <u> </u> | | | |
| Post | Office | Addr | 188 | | | | · · | | | | | | · · | | | | | Appli | | |
| City | | Gif | | | | | State | | | Zīp | | 00 | has been | Cou | | | oan | Autho | xtty | |
| Nai | ne of | Add | litic | onal Jo | int Inve | entor, i | fany: | ! | | | - | acon | nas peen | IDEG I | OF U | u is | grad s | | uffix | |
| Given Name | E | ani | .el | | | | Middle initial | M. | • | Famil Name | | Sco | ott | | | _ | | _ | .gyr. | |
| invent Signa | | , | 1 | | | | · | | | • | | | | | Date | • | · | · . | | |
| Resid | ence: | City | | Acto | n | | | State | • | MA | | | Country | | | | CHIZ | enship | บ.5 | <u>. </u> |
| Post (| XIIIce | Addre | 23 | 42 N | yland | ler W | ay | | | | | | | | • | | | | | |
| Post (| Office | Addn | :58 | | | | | | | | | | | | - 1 | | | 1 | | |
| City | Į | Acto | n | | | | State | MA | | Zip | | 01 | 720 | Cou | | | | Aut | icant ority | |
| Na | ne o | FAd | ditio | onal Jo | int Inv | entor, | if any: | | | <u> </u> | A P | HUDON | has been | THEG | lor un | S UI E | N) NO | - | | |
| Given | | Ranc | al | 1 | | | Middle | В | •- | Famil Name | | L | auffer | | _ | | | | luffix l.g. Jr. | |
| inven Signa | | | | A | hus | <u>U</u> | <u> [[5]</u> | 1 | | ; === | | | , | | Dat | • | 11 | <u>- 2</u> | 5- | 97 |
| Resid | ence: | Ciler | : | Broo | kTin | e | | State | • | MA | | | Country | 1 | | | Citt | enship | U. | s |
| Post | Office | Addr | 252 | 23 | Sumne | er Roa | ad, #2 |) | | | | · | | | | | | | | |
| Post | Office | Addr | 255 | | | | | | | | | | | -T | | T | | 1 | -Men-A | |
| City | | Bro | ok1 | ine | | | State | МА | | Z Ip | بل | 0214 | 16 | | untry | | | ALC | pileant thority | |
| Na | ne o | Ad | ditte | onal Jo | int inv | entor, | if any: | | | ᆛ | - i | peuto | n has bee | THE C | , IOT U | ### U | i sanji na | , s.veli | Suffix | Υ |
| Give | | | | | | | Middi | | | Part | - 1 | | | | | | | | eg. Jr. | <u> </u> |
| Inver Sign: | tor's | | | | | | | | | <u> </u> | | | | - - | 0 | ete | <u>.</u> | | | , us |
| Resid | Sence: | City | T | | | | | Sta | ate | | | | Count | <u>y</u> | | | CI | izensh | P | |
| Post | Office | Add | 10.50 | | _ | | | | | | | | | | | | | | | |
| Post | Office | Add | ress | | | | | | | | | | | | | | | - 1. | | |
| City | | | <u></u> | | | | State | | | Z | - 1 | | | _ ł | ountr | 1 | | | uthority | |
| 一 | Ad | diti | nai | invento | rs ar | being n | o bema | n sup | plen | nenta | i sh | oot(3 |) attach | ed he | reto | | | | | |

BEST AVAILABLE COPY PTO/S8/01 (6-95) through 10/31/pe OMB 0651-0032 4 OHER U.S. DEPARTMENT OF COMMERCE Type a plus sign (+), i. Patent and Trade. U.S. Department of Commerc Patent and Trademark Office 0010/PTO Attorney Docket Number Met/4 CIP Ret. MES First Named Inventor Thomas J. McMurry et al. **DECLARATION FOR** COMPLETE IF ENOWN UTILITY OR DESIGN Application Number 08/875,365 PATENT APPLICATION Filing Date 01/16/96 (TA) Declaration OR 🔀 **Group Art Unit** Declaration Submitted after Submitted Initial Filing with Initial Filing. Examiner Name As a below named inventor, I hereby declare that: My residence, post office eddress, and citizenship are as stat I believe I am the original, first and sole inventor (If only one name is listed below) or an original, first and joint inventor (If plural names are fisted below) of the subject matter which is claimed and for which a patent is except on the inventor entitled: Diagnotistic Imaging Contrast Agents with Extended Blood Retention (Title of the Immedian) the epocalization of which to extected hereto 101/16/1996 as United States Application Number or PCT International

and was amended on (MM/DD/YYYY) (if applicable). Application Number PCT/US96/00164 I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I accuratelys the duly to declare information which is material to patentiability on defined in Title 37 Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 38, United States Cade §119 (a)-(d) or §385(b) of any foreign application(a) for patent or inventor's contribute, or \$365 (a) of any PCT intermedianal application which designated at least one country other than the United States of America, licital below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT intermedianal application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Foreign Filling Date
(MMCOYYYY) Priority Prior Foreign Applicati Number(s) Country مک پیروز MO nai foreign application manthers are Saled on a supp nel application(s) listed below. I hereby claim the bonefit under Title 36, United States Code § 119(e) of any United St Additional provisional Filing Date (MM/DOYYYY) Application Number(s) application numbers ere leted on & supplemental priority sheet attached hereto. ANY CONTAIN

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will very depending upon the needs of the individual case. Any comments of the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Tradement Office, Washington, OC 20231 DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, OC 20231.

| Type a pag | | +) inside this box - | | M | · · · · · · · · · · · · · · · · · · · | T | | | p. | ige 2 | - | |
|----------------------------------|----------------------|--|---|---|---|--|--------------------------------------|--|--------------------------------------|---|------------------------|-------------------------|
| | | DECLAF | ATIO | N . | | | | | | | | • |
| designating to prior United S | he Unite States o | nefit under Title 35, U nd States of America, i r PCT Intermetional ap y to disclose informati tween the filling date of | lated balow s plication in if on which is n | ind, inecte he menner heterial to | r as the tub; provided by patentability | the first places of the control of t | r or each paragraph d in Tible | of the clair of Title 3 37, Code (| ns of this 5, United of Federa | epplication is no States Code §1 Regulations §1 | x declor 12. i | ed in the |
| | | pplication | | CT Pan Numbe | ent | Pa | rent Fi | ling Dat | • | Parent Pat | ent Nu licable | |
| 08/382 | 2,317 | | | | | 02/ | 01/19 | 995 | | | | |
| | · • . | · | - | | | | • | | | | | ٠, |
| | | | | | | | | | 1 | | | |
| | | | | | | | | | ļ | | | |
| | | | | | | | • | • | İ | | | * |
| Additiona | 1 U.S. a | PCT international ap | plication num | nbers are l | isted on a s | upplemen | tal priorit | y sheet att | sched he | reto. | | |
| | | I hereby appoint the fo connected therewith: | | ney(s) and | Vor agent(s) | to prose | cute this | epplication | and to tr | ansact all busin | es in the | Patent |
| Firm Nan | ™ | | | | | | | | Custo Numb | mer or label | | |
| OR List attor | ney(s) s | and/or agent(s) name | and registrati | | | | | | • | | Pan | istration |
| · . | | Name | | Registr Num | | | · . | Nam | • | | umber | |
| James F | . Ha | ley, Jr. | • | 27,7 | | | | | | | | |
| Pablo D | . He | endler | | 40,0 |)15 | | | | | - | | |
| | | | | | | : | | | | | | |
| Addition | al attor | ney(s) and/or agen | t(s) named | on a su | ppiemental | sheet a | ttached | hereto. | | | | |
| Please direct | ali com | expondence to: | Customer Number | or label | | | | OR | X | Fill in correspo address below | | |
| Name | Jame | s F. Haley, | Jr | Esq. | | | | | | | | |
| Address | Fish | & Neave | | | | | | | | | | |
| Address | | Avenue of | the Am | ericas | 3 | 1 64- | - T N | I.Y. | | ZIP 10 | 020 | |
| City | New U.S. | York | Tole | phone | 1212- | Sta 59 6- 9 | | | Fax | 1212-596 | | 0 |
| | re that s | all statements made has these statements v a under Section 1001 | erein of my o | word rwe | edge are tr | e and the | ادنه اد ا | ements me nents and t | de en ink | ormation and be | iiel are b shable b | elieved to v fine or |
| the application | n or any | petent issued thereo | <u>n. </u> | | | | | | | this unsigned | | |
| | Sole o | r First Inventor | | Innere | Γ - | Fami | ` | 1925 Deel | 1865 101 | | Suffix | |
| Given Name | The | mas | | Middle initial | J. | Name | | Murry | , | | e.g. Jr. | |
| Inventor's Signature | | | | | | | | | Date | | · • | · · · · |
| Residence: | City | Winchester | • | State | MA | | Countr | 7 | | Citizenship | U. | S. :: |
| Post Office | Address | 4 Bonad | Road | | | | | | | | | · |
| Post Office | Addres | • | | | | · | | | | | | |

01890

MA

Additional inventors are being named on supplemental sheet(s) attached hereto

Winchester



Type a plus sign (+) inside this box →

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

| Mama | | ماطافاه | nai Joint Invento | . 14 | | | anilian b | nas been fi | | | | | === |
|---------------------|---------|----------|--------------------|-------------------|---|----------------|--|-------------|---------------|--------|-----------|------------------------|----------|
| | 7 | AUGIUC | AND SOUR INVENTO | | -1 | Famili | ` | SEE DOWN IS | ed for the | una | JING HIVE | Suffix | |
| Given Name | 1 | ironac |) | Middle initial | <u> </u> | Name | S | Sijiki | | | | e.g. Jr. | |
| Invento Signatu | | | | | | | | | De | | • | | |
| Resider | nce: (| City | Gifu | | State | | | Country | Janan | l | Citizens | Ja | panese |
| Post Of | Mca A | vddress | 4-9 Fudo-ch | 10 | | | | | | | | | |
| Post Of | Mice A | Address | | | | | •. | | | | | | |
| City | | ifu | | State | | Zip | 500 | | Country | | pan / | Applicant Authority | |
| Nam | e of | Additio | onal Joint Invento | or, if any: | <u> </u> | ^ | petition | has been t | filed for the | s uns | igned inv | | 1 |
| Given Name | Da | niel | 1 | Middle Initial | м. | Family Name | Sco | ott . | | | | e.g. J | |
| inventor Signatu | | L | and C | Seo | Ø/ | | | | Da | te | 12/ | 1/9" | 7 |
| Residen | ice: (| :ity | Acton | | State | MA | | Country | | _ | Citizen | ship U | .s. |
| Post Of | Tice A | ddress | 42 Nylander | Way | | | | | | | | | · |
| Post Of | lice A | ddress | | | | | | | | | | | <u> </u> |
| City | | cton | | State | MA | Zip | | 720 | Country | | | Applican | |
| Nam | e of | Additio | onal Joint Invento | or, if any: | | | | has been | filed for tr | HS Un | signed in | | |
| Given Name | R | andal | 1 | Middle Initial | В. | Family Name | | auffer | | | | e.g. J | |
| Invento Signatu | | | | • | | | | | D | ate | | | |
| Resider | ncei (| | Brookline | | State | MA | | Country | | | Citizer | tship | J.S. |
| Post Of | Tice A | Address | 23 Sumner I | Road, #2 | 2 | | | | | | | | |
| Post Of | ffice / | Address | | | | | | | | | | | |
| City | | rookl | ine | State | MA | Zip | 0214 | 46 | Country | 1 _ | | Applicat | ~ 1 |
| Nam | e of | Addition | onal Joint Invent | or, if any: | | | A petitio | n has bee | n filed for | this u | nsigned i | Suff | |
| Given Name | | | , | Middi initia | | Fami Nam | | | | | | 9.6 | |
| Invento | | | | | | , | | | ' | Dete | | | |
| Reside | | City | | | State | | | Countr | / | | CHL | enship | |
| Post 0 | Affice | Address | | | | | | | | | | | |
| Post 0 | ж | Address | | | *************************************** | | | • | | | | | |
| City | | | | State | | Ze | | | Count | | | Applic | |
| | | | inventors ar bein | | | | | 1 . Ma. ab. | d herein | ; | | | |